ACCIDENT WAIVER FORM

EVENT: 2025 Premier Judo Team Tournament on May 17, 2025

Participant:

_____

(First, middle initial, & last name)

EMERGENCY CONTACT: _____ PHONE: _____

(Name)

Mandatory - a valid active USJF membership card MUST be attached to participate.

USJF Number: _____ Expiration Date: _____

In consideration of the acceptance of my entry, I the participant, having read and understanding the method of competition for this competition, including but not limited to contested weight categories and possible changes deemed necessary by the Tournament Director for the safety of the sport and competitors involved, do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which I may have or which may hereafter accrue to me against the Premier Judo or its successors or assigns, for any and all injuries which may be sustained and suffered by me in connection with my association with or entry in the Premier Judo contest, or which may arise out of my traveling to, participating in, and returning from such contest.

I, the undersigned parent or legal guardian of the named contestant above, have read and understand the method of competition for this competition, including but not limited to contested weight categories and possible changes deemed necessary by the Tournament Director for the safety of the sport and competitors involved. I have agreed to allow my child to participate in this event, and do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which my child or I may have or which may hereafter accrue to my child or me against the Premier Judo or its successors or assigns, for any and all injuries which may be sustained and suffered by my child or me in connection with my child's association with or entry in the Premier Judo contest, or which may arise out of our traveling to, participating in, and returning from such contest.

We understand that during any event sponsored by the Premier Judo, my and/or my child's photograph, video and/or other likeness or audio and/or visual reproduction [hereinafter "reproductions"] may be taken or made by Premier Judo, or those acting on its behalf. I/we agree that any such reproductions may be used for purposes including, but not limited to, brochures, invitations, books, newspapers, magazines, television, website and fliers without compensation or remuneration to me or us from or on behalf of Premier Judo and/or those acting on its behalf. Premier Judo and those acting on its behalf are released from liability for any damages resulting from the publication, dissemination, distribution, redistribution, sharing, posting, reposting or other use of said reproductions.

_____

(Signature of parent or guardian of participant under 18 years of age)

_____

(Full signature of participant)

Date: _____

Instructor/Coach Consent

I, the undersigned Instructor/Coach, who holds the rank of Shodan or higher which has been awarded under the auspices of one of the following organizations: United States Judo Federation, or the United States Judo Association, have read and understand the method of competition for this tournament, including but not limited to contested weight categories and possible changes deemed necessary by the Tournament Director for the safety of the sport and competitors involved. I verify that the participant is of sufficient aptitude and skill in judo to participate in the tournament.

_____

Instructor's Signature (Verifying contestant's competence)

_____

Rank & organization it was obtained

_____

Signature date

WARNING!
WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the **United States Judo Federation, Inc., 50th State Judo Association, Inc., Premier Judo, and Kamehameha Schools,** and the officers, employees, volunteers, and agents, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.

2. I further acknowledge that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.

3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, including United States Judo Federation, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event (Releasees), the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., 50th State Judo Association, Inc., Premier Judo, and the Kamehameha Schools,** together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UPSUBSTANTIALRIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND KNOWINGLY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE ACOMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THATTHE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

_____	_____	_____
Participant	Participant's Signature	Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

_____	_____	_____
Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date

UNITED STATES JUDO FEDERATION
Medical Committee
Mailing Address: Telephone: FAX: Internet:
PO Box 338 (541) 889-8753 (541) 889-5836 www.usjf.com
Ontario, OR 97914-0338

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

Masking:

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

Symptom Screening:

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

1. Continue to sanitize/wash hands requently
2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines: https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician